

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	9-14-06
FORMALITY REVIEW			9-8-07
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>		

INDEX OF CLAIMS

- ✓

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Rejected
- =

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Allowed
- (Through numeral).....

Canceled
- ÷

.....

Restricted
- N

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Non-elected
- I

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Interference
- A

.....

Appeal
- O

.....

Objected

Claim	Final	Original	Date
1	✓	12	
2	✓	14	
3	✓	15	
4	✓	16	
5	✓	17	
6	✓	18	
7	✓	19	
8	✓	20	
9	✓	21	
10	✓	22	
11	✓	23	
12	✓	24	
13	✓	25	
14	✓	26	
15	✓	27	
16	✓	28	
17	✓	29	
18	✓	30	
19	✓	31	
20	✓	32	
21	✓	33	
22	✓	34	
23	✓	35	
24	✓	36	
25	✓	37	
26	✓	38	
27	✓	39	
28	✓	40	
29	✓	41	
30	✓	42	
31	✓	43	
32	✓	44	
33	✓	45	
34	✓	46	
35	✓	47	
36	✓	48	
37	✓	49	
38	✓	50	

Claim	Final	Original	Date
1	✓	51	
2	✓	52	
3	✓	53	
4	✓	54	
5	✓	55	
6	✓	56	
7	✓	57	
8	✓	58	
9	✓	59	
10	✓	60	
11	✓	61	
12	✓	62	
13	✓	63	
14	✓	64	
15	✓	65	
16	✓	66	
17	✓	67	
18	✓	68	
19	✓	69	
20	✓	70	
21	✓	71	
22	✓	72	
23	✓	73	
24	✓	74	
25	✓	75	
26	✓	76	
27	✓	77	
28	✓	78	
29	✓	79	
30	✓	80	
31	✓	81	
32	✓	82	
33	✓	83	
34	✓	84	
35	✓	85	
36	✓	86	
37	✓	87	
38	✓	88	
39	✓	89	
40	✓	90	
41	✓	91	
42	✓	92	
43	✓	93	
44	✓	94	
45	✓	95	
46	✓	96	
47	✓	97	
48	✓	98	
49	✓	99	
50	✓	100	

Claim	Final	Original	Date
1	✓	101	
2	✓	102	
3	✓	103	
4	✓	104	
5	✓	105	
6	✓	106	
7	✓	107	
8	✓	108	
9	✓	109	
10	✓	110	
11	✓	111	
12	✓	112	
13	✓	113	
14	✓	114	
15	✓	115	
16	✓	116	
17	✓	117	
18	✓	118	
19	✓	119	
20	✓	120	
21	✓	121	
22	✓	122	
23	✓	123	
24	✓	124	
25	✓	125	
26	✓	126	
27	✓	127	
28	✓	128	
29	✓	129	
30	✓	130	
31	✓	131	
32	✓	132	
33	✓	133	
34	✓	134	
35	✓	135	
36	✓	136	
37	✓	137	
38	✓	138	
39	✓	139	
40	✓	140	
41	✓	141	
42	✓	142	
43	✓	143	
44	✓	144	
45	✓	145	
46	✓	146	
47	✓	147	
48	✓	148	
49	✓	149	
50	✓	150	

If more than 150 claims or 10 actions  
staple additional sheet here

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